Sister Cities Commission Host Family Exchange – Student Application



Please select one:	Host Family Only		Host Family/Exchange Student
To be completed by pare	ents/guardians of ALL stu	dent applicants:	
LAST name:		FIRST name:	
Address:	,	Milpitas, CA 95035	
Daytime Phone: ()		Evening Phone: ()
Email Address:			
			rade Level:
Student's Date of Birth:		Male	Female
Pet(s) in the home? If y	es, what kind(s)?		
Does the student have a	llergies?	If yes, what kinds?	
Does the student have as	ny conditions that require	special accommodation	ns to participate on this trip?

(continued on next page)

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262-5169 days

To be completed by ALL applicants: I, I, the undersigned, do here	declare that I am the parent/guardian of by agree to allow the individual named herein to
participate in the aforementioned activity and I further agree Milpitas Unified School District, and Milpitas Sister Cities liability for any injury which may be suffered by the aforemented with his/her participation in this activity. I agree permission to release any and/or all school records pertinented.	ee to indemnify and hold the City of Milpitas, s Commission harmless from and against any and all mentioned individual arising out of or in any way e to allow the Milpitas Unified School District
Youth Visit Committee. I also agree as a participant in this Milpitas and the Milpitas Sister City Association to use the photographs, videographs, motion pictures and recordings obligation or liability to me. I verify that all of the above i	e aforementioned individual's name and any for any publicity and promotion purposes without
Print Name:	Date:
Signature:	
Please call with any questions:	
Debra Garcia, Chair, Sister Cities Commission: 650-330-5875 days 946-3955 evenings	
Echo Arthur, Vice Chair, Sister Cities Commission:	